

2-26-02

EV026159386A

Please type a plus sign (+) inside this box → ☒PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1941

First Inventor or Application Identifier Craig M. Carpenter

Title Interfacial Structure for Semiconductor Substrate Processing ...

Express Mail Label No. EV 026159386 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 45]
(preferred arrangement set forth below)
- Descriptive title of the invention plus title page
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
4. Oath or Declaration [Total Pages 4]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29).

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) filed in prior application
(PTO/SB/09-12) ☐ Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☒ Other: Check for \$3,054.00

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

021567

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Mark S. Matkin				
	Wells St. John P.S.				
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country		Telephone	509-624-4276	Fax	509-838-3424

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature		Date	2/22/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12/99)
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FEE TRANSMITTAL**for FY 2002**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$3,054.00)**Complete if Known**

Application Number	Unknown
Filing Date	Filed Herewith
First Named Inventor	Craig M. Carpenter
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1941

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **23-0925**

Deposit Account Name **Wells St. John P.S.**

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	740.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 740.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
109	20** = 89	18	1602
11	3** = 8	84	672
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 2,274.00)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 380	216 190	Extension for reply within second month	0.00
117 870	217 435	Extension for reply within third month	0.00
118 1,360	218 680	Extension for reply within fourth month	0.00
128 1,850	228 925	Extension for reply within fifth month	0.00
119 300	219 150	Notice of Appeal	0.00
120 300	220 150	Filing a brief in support of an appeal	0.00
121 260	221 130	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,210	241 605	Petition to revive - unintentional	0.00
142 1,210	242 605	Utility issue fee (or reissue)	0.00
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)			0.00
Other fee (specify)			0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)**SUBMITTED BY**Name (Print/Type) **Mark S. Matkin**Registration No. (Attorney/Agent) **32,268****Complete (if applicable)**Telephone **509-624-4276**

Signature

Date

2/22/02**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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